

**To be
completed
for students
applying for
grades
PK – 5 only**

ELEMENTARY APPLICATION
JOHNSTOWN CHRISTIAN SCHOOL
125 Christian School Road
Hollisopple, PA 15935
Phone: 814.288.2588 Fax: 814.288.1447
www.johnstownchristianschool.org



FAMILY NAME: _____

STUDENT INFORMATION:

Name _____ Gender Male ☐ Female ☐
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Date of Birth _____

Father/Guardian Name _____

Mother/Guardian Name _____

Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Mother/Father Deceased

Student(s) reside with _____

School District of Residence _____

Applying for: ☐ Preschool* ☐ PK 3 ☐ PK 4 ☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

**If applying for Preschool, please indicate your choice of:* ☐ Full day ☐ Half day

List all schools or preschools previously attended. Include GRADE LEVEL of attendance.

School Name	Location	Phone	Grades Attended

Names and birth dates of all other preschool and school-age children in the family, where they currently attend school and current grade.

Sibling	Birth date	Current School	Grade

Any special concerns we need to be aware of regarding incoming student: _____

